

**Affiliate Financial Statement
for the period June 1, 2008 - May 31, 2009**

Instructions: Please complete and return by Friday, July 31, 2009.

Enclose a copy of your May 2009 bank statement and reconciliation (period ending May 31, 2009).

County Affiliate Name: _____

County Affiliate Federal Tax ID #: _____

RECEIPTS:

Contributions - unrestricted \$ _____

Contributions - restricted \$ _____

Interest Income \$ _____

Other Receipts: (Describe below:) \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

TOTAL RECEIPTS: \$ _____

Did your organization receive any single contribution greater than \$5,000 between June 1, 2008 and May 31, 2009? Yes No

If yes, please list the source(s) of the contributions below:
If more than three contributions greater than \$5,000 received, please list separately.

Contributor	Amount	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____

DISBURSEMENTS:

Office Supplies	\$ _____
Postage	\$ _____
Telephone	\$ _____
Legal and Accounting	\$ _____
Bank Charges	\$ _____
Taxes	\$ _____
Contributions - Grants	\$ _____
Dues and Subscriptions	\$ _____
Meeting Expense	\$ _____
Travel Expense	\$ _____
Refunds	\$ _____
Miscellaneous	\$ _____
Scholarships	\$ _____
Special Projects: (Describe below:)	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

TOTAL DISBURSEMENTS: \$ _____

Beginning Cash - June 1, 2008

Checking Account	\$ _____	
Savings Account	\$ _____	
Other Account	\$ _____	Total Beginning Cash : \$ _____

Ending Cash - May 31, 2009

Checking Account	\$ _____	
Savings Account	\$ _____	
Other Account	\$ _____	Total Ending Cash: \$ _____

Net Increase (Decrease) in Cash: \$ _____

Representation of the Affiliate Organization:

The above financial statement agrees with the accounting records of the Affiliate. All transactions recorded in the Affiliate's accounting records are supported with adequate documentation. As an official of the Affiliate, I request that the North Carolina Medical Society Alliance file the above information with the appropriate taxing authorities.

Signature and Title of Affiliate Official

Date

Print Name and Title of Affiliate Official

Daytime Phone Number (include area code)

Submit Affiliate Financial Statement by July 31, 2009 to:
NCMS Alliance
P.O. Box 27167
Raleigh, NC 27611